



White Settlement Fire Department
8308 Hanon Drive, White Settlement, Texas 76108
Phone (817) 246-1761



Firefighter/EMT

Compensated Volunteer

White Settlement Fire Department (WSFD) is currently seeking to fill Compensated Volunteer firefighter/EMT positions in our growing department. We operate multiple companies out of one station in White Settlement. WSFD runs approximately 2600+ calls per year, and provides automatic aid to surrounding cities. We are seeking candidates to increase our staffing levels. We provide First Responder BLS with Medstar for EMS. Shift pay will range from \$115 - \$160 per shift depending on shift schedule.

Shift work will consist of the following:

- 12 or 24 hour shifts based on availability and schedule.
- Pay will be based on shifts, not hourly.
- Must be willing to work 3 or more 12, or 24 hour shifts per month to maintain eligibility.

Requirements:

- Must be at least 18 years of age.
- Must be a U.S. citizen.
- Must have High School diploma or GED.
- Possess a valid Texas class C driver's license.
- Class B exempt preferred or complete within 90 days of employment.
- Must pass a criminal history background check.
- Must pass a drug screening.

Certification Requirements:

- Must be fully certified with the TCFP as a Basic Firefighter.
- Minimum EMS Certification with the Texas DSHS as an EMT.

Recommended Certifications:

- NIMS – 100, 200, 700, 800
- Courage to be Safe.

Applications can be picked up in person from Station 18 located at 8308 Hanon Dr. White Settlement, TX 76108 (Hours are 8 am to 6 pm Monday – Friday) or printed off this posting & completed. Completed applications must be submitted in person (same address as listed above). Applications must include copies of all required certifications and Driver's license. For any questions contact Captain Logan at the station number 817-246-1761 or by email blogan@wstx.us



WHITE SETTLEMENT FIRE DEPARTMENT

Compensated Volunteer Application

APPLICANT INFORMATION

Last Name				First				M.I.	Date		
Street Address								Apartment/Unit #			
City				State				ZIP			
Phone				E-mail Address							
Date Available				Social Security No.							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?						YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for the City of White Settlement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								

EDUCATION

High School				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

REFERENCES

Please list three professional references.

Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							

Address	
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CURRENT EMPLOYMENT TO BE LISTED FIRST, PREVIOUS AS FOLLOWS.

Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a compensated voluntary opportunity, I understand that false or misleading information in my application or interview may result in my release. I also understand that I am required to abide by all rules and regulations of the fire department.

I authorize the investigation of all statements contained in this application as may be necessary in arriving at a decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law; any compensated volunteer relationship with this organization is "at will", which means that the compensated volunteer may resign at any time and WSFD may discharge the compensated volunteer at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such in writing.

I hereby understand that I am a compensated volunteer of WSFD and not an employee of the City of White Settlement.

This application shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for a compensated volunteer beyond this point shall inquire as to whether or not applicants are being accepted at that time.

I further understand that any and all information and/or documents that I may see, read, or come in contact with while a compensated volunteer for the City is of a confidential nature and I am not permitted to discuss such information with anyone other than the appropriate supervisors or city administration.

Signature

Date



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Authorization to Release Information

To whom it may concern,

I _____, hereby request and authorize you to furnish the White Settlement Fire Department with any and all information they may request concerning my work record, education history, military record, criminal record, general reputation, and past and present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such information, if requested. This information will be used in determining my eligibility for a Compensated Volunteer Firefighter with the White Settlement Fire Department.

I hereby release you and your organization from all liabilities, which may or could result from furnishing this information requested above or from any subsequent information in determining my qualification to serve as a Compensated Volunteer Firefighter for the City of White Settlement.

Signed: _____

Dated: _____



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Supplemental Questions

1.	Do you have a valid Class B License?	YES	NO
2.	Do you have a valid state of Texas EMT or Paramedic card?		
3.	Have you completed Courage to be Safe?		
4.	Have you completed NIMS 100, 200, 700, and 800?		
5.	Are you 18 years of age or older?		
6.	Are you able to commit to six 12 hour shifts a month?		

7.	Tell us about yourself.

Please attach copies of your Driver's License, EMT/Paramedic Certification, CPR card, Courage to be Safe, NIMS 100, 200, 700, and 800, and TCFP certifications.